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CONFIRMATION NO. 2920

<b>SERIAL NUMBER</b> 09/620,520	<b>FILING OR 371(c) DATE</b> 07/20/2000 <b>RULE</b>	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3714	<b>ATTORNEY DOCKET NO.</b> GEMS:0091	
<b>APPLICANTS</b> Dorothy B. Franks, Brentwood, TN; Michael C. Jones, Nashville, TN; John G. Jaeger, Flower Mound, TX;					
<b>** CONTINUING DATA *****</b> NONE					
<b>** FOREIGN APPLICATIONS *****</b> NONE					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/08/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Yochan Yoder</u> <u>have</u> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 20	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Patrick S Yoder Suite 330 7915 FM 1960 West Houston, TX 77070					
<b>TITLE</b> Automatic identification of medical staff training needs					
<b>FILING FEE RECEIVED</b> 912	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		